

# Section 4 — TOPICAL MODULES

## Part A — ASSETS AND LIABILITIES

### Statement A

Read to respondent: **These next questions concern various assets and liabilities**

**1a. Does anyone outside of this household owe money to . . . as the result of the sale of a business or property? (Exclude mortgages owed to . . . which have already been reported.)**

**8200** 1 ☐ Yes  
2 ☐ No } SKIP to 2a  
x1 ☐ DK

**b. As of (Read last day of the reference period), how much was owed to . . . ?**

**8202** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**2a. This question concerns checking accounts which do NOT earn interest. What is your best estimate of the amount of money . . . had in such checking accounts as of (Read last day of the reference period)? (Do not include balances in joint accounts previously reported.)**

**8204** \$  .  00  
x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

ASK OR VERIFY —

**b. Did . . . own any U.S. Savings Bonds as of (Read last day of the reference period)?**

**8206** 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T1

**c. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned? (Do not count jointly held bonds already reported.)**

**8208** \$  .  00  
1 ☐ Value already reported  
x1 ☐ DK  
x2 ☐ Ref.

### CHECK ITEM T1

Interview status of . . . 's spouse

**8210** 1 ☐ No spouse in household — SKIP to 6b  
2 ☐ Interview for spouse not yet conducted  
3 ☐ Interview for spouse already conducted — SKIP to 6a

**3a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for —**

**3b. How much was owed as of (Read last day of reference period)?**

If respondent answers "DK," probe for estimate before marking "DK" box.

**(1) Store bills or credit card bills? . . . . .**

**8212** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

**8214** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**(2) Bills from a doctor, dentist, hospital or nursing home that were not covered by insurance? . . . . .**

**8216** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

**8218** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**(3) Money owed to a private individual who does not live in this household? . . . . .**

**8220** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

**8222** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**4a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for loans obtained through a bank, credit union, or some other financial establishment? Exclude mortgages, vehicle loans, and money owed to brokers.**

**8224** 1 ☐ Yes  
2 ☐ No } SKIP to 5a  
x1 ☐ DK  
x2 ☐ Ref.

**b. How many such loans did . . . and . . . 's (husband/wife) owe money on as of (Read last day of reference period)?**

**8226**  Number  
x1 ☐ DK } SKIP to 5a  
x2 ☐ Ref.

**c. As of (Read last day of reference period), how much was owed on all these loans?**

**8228** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

If respondent answers "DK," probe for estimate before marking "DK" box.

# Section 4 – TOPICAL MODULES (Continued)

## Part A – ASSETS AND LIABILITIES (Continued)

<b>5a. As of (Read last day of reference period), did ... and ...'s (husband/wife) together owe any money for any kind of debt that we haven't yet mentioned?</b>	<div style="border: 1px solid black; padding: 5px;"> <b>8230</b>    1 <input type="checkbox"/> Yes                       2 <input type="checkbox"/> No                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.    } <b>SKIP to 6a</b> </div>
<b>b. How much was owed on this debt as of (Read last day of reference period)?</b>	<div style="border: 1px solid black; padding: 5px;"> <b>8232</b>    \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; text-align: center;">00</span>                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.       </div>
<b>6a. Other than any debts owed jointly with ...'s (husband/wife), did ... have any debts, such as credit card bills, loans from a financial institution, or educational loans, in ...'s OWN name only?</b>	<div style="border: 1px solid black; padding: 5px;"> <b>8234</b>    1 <input type="checkbox"/> Yes                       2 <input type="checkbox"/> No                       x1 <input type="checkbox"/> DK    } <b>SKIP to Check Item T2</b> </div>
<b>b. As of (Read last day of reference period), did ... owe any money (in ...'s name only) for –</b>	<div style="border: 1px solid black; padding: 5px;"> <b>6c. If "Yes" to 6b ask – How much was owed as of (Read last day of reference period)?</b>          (If respondent answers "DK," probe for estimate before marking "DK" box.)       </div>
<b>(1) Store bills or credit card bills? .....</b>	<div style="border: 1px solid black; padding: 5px;"> <b>8236</b>    1 <input type="checkbox"/> Yes                       2 <input type="checkbox"/> No                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.       </div>
<b>(2) Bills from a doctor, dentist, hospital or nursing home that were not covered by insurance? .....</b>	<div style="border: 1px solid black; padding: 5px;"> <b>8238</b>    \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; text-align: center;">00</span>                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.       </div>
<b>(3) Money owed to a private individual who does not live in this household? .....</b>	<div style="border: 1px solid black; padding: 5px;"> <b>8240</b>    1 <input type="checkbox"/> Yes                       2 <input type="checkbox"/> No                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.       </div>
<b>(4) Money owed to a private individual who does not live in this household? .....</b>	<div style="border: 1px solid black; padding: 5px;"> <b>8242</b>    \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; text-align: center;">00</span>                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.       </div>
<b>(5) Money owed to a private individual who does not live in this household? .....</b>	<div style="border: 1px solid black; padding: 5px;"> <b>8244</b>    1 <input type="checkbox"/> Yes                       2 <input type="checkbox"/> No                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.       </div>
<b>7a. As of (Read last day of reference period), did ... owe any money (in ...'s name only) for a loan obtained through a bank, credit union or some other financial establishment? Exclude mortgages, vehicle loans, and money owed to brokers.</b>	<div style="border: 1px solid black; padding: 5px;"> <b>8246</b>    1 <input type="checkbox"/> Yes                       2 <input type="checkbox"/> No                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.    } <b>SKIP to 8a</b> </div>
<b>b. How many such loans did ... owe money on as of (Read last day of reference period)?</b>	<div style="border: 1px solid black; padding: 5px;"> <b>8248</b>    <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> Number                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.    } <b>SKIP to 8a</b> </div>
<b>c. As of (Read last day of reference period), how much was owed on all these loans?</b> (If respondent answers "DK," probe for estimate before marking "DK" box.)	<div style="border: 1px solid black; padding: 5px;"> <b>8250</b>    \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; text-align: center;">00</span>                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.       </div>
<b>8a. As of (Read last day of reference period), did ... owe any money for any kind of debt that we haven't mentioned?</b> Include educational loans from the Federal Government or schools not previously reported.	<div style="border: 1px solid black; padding: 5px;"> <b>8252</b>    1 <input type="checkbox"/> Yes                       2 <input type="checkbox"/> No                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.    } <b>SKIP to Check Item T2</b> </div>
<b>b. As of (Read last day of reference period), how much was owed on this debt?</b> (If respondent answers "DK," probe for estimate before marking "DK" box.)	<div style="border: 1px solid black; padding: 5px;"> <b>8254</b>    \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; text-align: center;">00</span>                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.       </div>
<b>CHECK ITEM T2</b> Refer to CC item 24. Is ... 21 years of age or older?	<div style="border: 1px solid black; padding: 5px;"> <b>8256</b>    1 <input type="checkbox"/> Yes                       2 <input type="checkbox"/> No – <b>SKIP to Statement B, page 53</b> </div>
<b>9a. Does ... have an Individual Retirement Account – an IRA – in ...'s OWN name?</b> (Do not mark "Yes" if ... is only included in spouses IRA account.)	<div style="border: 1px solid black; padding: 5px;"> <b>8258</b>    1 <input type="checkbox"/> Yes                       2 <input type="checkbox"/> No                       x1 <input type="checkbox"/> DK                       x2 <input type="checkbox"/> Ref.    } <b>SKIP to 10a</b> </div>

## Section 4 — TOPICAL MODULES (Continued)

### Part A — ASSETS AND LIABILITIES (Continued)

**9b.** For how many years has ... contributed to ...'s IRA accounts?

8262

Years

x1 ☐ DK

x2 ☐ Ref. — SKIP to 10a

**c.** As of (Read the last day of the reference period), what is the total balance or market value (including interest earned) of ...'s IRA accounts?

8264

\$   00 SKIP to 9e

x1 ☐ DK

x2 ☐ Ref. — SKIP to 10a

**d.** (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8266

1 ☐ Yes — Mark Reminder Card, item 17

2 ☐ No — SKIP to 10a

(SHOW FLASHCARD X)

**e.** As of (Read last day of reference period), which kinds of assets did ... hold in ...'s IRA accounts?

8268

1 ☐ Certificates of deposit or other savings certificates

8270

2 ☐ Money Market Funds

8272

3 ☐ U.S. Government Securities

8274

4 ☐ Municipal or Corporate Bonds

8276

5 ☐ U.S. Savings Bonds

8278

6 ☐ Stocks or Mutual Fund Shares

8280

7 ☐ Other assets — Specify

8282

x1 ☐ DK

**10a.** Does ... have a KEOGH account in ...'s OWN name?

8284

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x2 ☐ Ref. } SKIP to 11a

**b.** For how many years has ... contributed to ...'s KEOGH account?

8286

Years

x1 ☐ DK

x2 ☐ Ref. — SKIP to 11a

**c.** As of (Read last day of the reference period), what was the total balance or market value of assets in ...'s KEOGH account(s)?

8288

\$   00 — SKIP to 10e

x1 ☐ DK

x2 ☐ Ref. — SKIP to 11a

**d.** (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8290

1 ☐ Yes — Mark Reminder Card, Item 18

2 ☐ No — SKIP to 11a

(SHOW FLASHCARD X)

**e.** As of (Read last day of reference period), which kinds of assets did ... hold in ...'s KEOGH account(s)?

8292

1 ☐ Certificates of deposit or other savings certificates

8294

2 ☐ Money Market Funds

8296

3 ☐ U.S. Government Securities

8298

4 ☐ Municipal or Corporate Bonds

8300

5 ☐ U.S. Savings Bonds

8302

6 ☐ Stocks or Mutual Fund Shares

8304

7 ☐ Other assets — Specify

8306

x1 ☐ DK

**11a.** Does ... have any life insurance? (Include group policies provided by employers.)

8308

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x2 ☐ Ref. } SKIP to Statement B, page 53

**b.** What is the current FACE VALUE of ALL life insurance policies that ... has?

8310

\$   00

x1 ☐ DK

x2 ☐ Ref.

## Section 4 — TOPICAL MODULES (Continued)

### Part B — Retirement and Pension Coverage

#### Statement B

Read to respondent: **These next questions concern retirement and pension coverage.**

#### CHECK ITEM T3

Refer to CC item 24.  
Is . . . 's age?

8312

- 1 ☐ Less than 25 years of age — *SKIP to Check Item T13, page 59*  
2 ☐ 25 to 39 years of age — *SKIP to Check Item T6*  
3 ☐ 40 to 65 years of age  
4 ☐ 66 years of age or older — *SKIP to Check Item T6*

#### CHECK ITEM T4

Is "Worked" marked on the ISS?

8314

- 1 ☐ Yes — *SKIP to 1a*  
2 ☐ No

#### CHECK ITEM T5

Did . . . spend any time looking for work  
or on layoff from a job?

(Is the "Yes" box marked in item 2a  
on page 2?)

8316

- 1 ☐ Yes  
2 ☐ No — *SKIP to 6a, page 56*

**1a. At what age does . . . EXPECT to stop  
working at a regular job?**

8318

Age

- 1 ☐ Never worked — *SKIP to Check Item T13, page 59*  
2 ☐ Already stopped — *SKIP to Check Item T6*  
3 ☐ Doesn't plan to stop — *SKIP to 1c*  
x1 ☐ DK

**b. Will . . . be eligible on the basis of . . . 's  
own work experience to receive Social  
Security (Railroad Retirement) Benefits  
when . . . stops working?**

8320

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**c. How many years has . . . been employed in  
jobs covered by Social Security (Railroad  
Retirement)?**

8322

Years

- 1 ☐ Less than one year  
x3 ☐ None  
x1 ☐ DK

#### CHECK ITEM T6

Are any employers entered in  
question 2a on page 14 or  
question 10a on page 16?

8324

- 1 ☐ Yes — *Enter name(s) and job number(s) below*  
2 ☐ No — *Skip to Check Item T9, page 56*

(Ask 2a—4l for employer 1 first  
then return to question 2a if there  
is another employer.)

Employer 1

Employer 2

Employer name

Employer name

Job number

8326

Job number

8328

**2a. About how many persons are employed by  
(Read employer's name) at the location  
where . . . works — would you say (Read  
categories)?**

8330

- 1 ☐ Under 25  
2 ☐ 25 to 99  
3 ☐ 100 to 499  
4 ☐ 500 to 999  
5 ☐ 1000 or more } *SKIP to 3a*  
x1 ☐ DK

8332

- 1 ☐ Under 25  
2 ☐ 25 to 99  
3 ☐ 100 to 499  
4 ☐ 500 to 999  
5 ☐ 1000 or more } *SKIP to 3a*  
x1 ☐ DK

**b. Does (Read employer's name) operate in  
more than one location?**

8334

- 1 ☐ Yes  
2 ☐ No } *SKIP to 3a*  
x1 ☐ DK

8336

- 1 ☐ Yes  
2 ☐ No } *SKIP to 3a*  
x1 ☐ DK

**c. About how many persons are employed by  
(Read employer's name) at all locations — would  
you say (Read categories)?**

8338

- 1 ☐ Under 25  
2 ☐ 25 to 99  
3 ☐ 100 to 499  
4 ☐ 500 to 999  
5 ☐ 1000 or more  
x1 ☐ DK

8340

- 1 ☐ Under 25  
2 ☐ 25 to 99  
3 ☐ 100 to 499  
4 ☐ 500 to 999  
5 ☐ 1000 or more  
x1 ☐ DK

## Section 4 — TOPICAL MODULES (Continued)

### Part B — Retirement and Pension Coverage (Continued)

	Employer 1	Employer 2
<b>3a. Does . . . 's employer or union have a retirement plan for any of its employees?</b>  <i>(Exclude Social Security and Railroad Retirement.)</i>	<b>8342</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T7</i>	<b>8344</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T9, page 56</i>
<b>b. Is . . . included in such a plan?</b>	<b>8346</b> 1 <input type="checkbox"/> Yes — <i>SKIP to 4a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK — <i>SKIP to Check Item T7</i>	<b>8348</b> 1 <input type="checkbox"/> Yes — <i>SKIP to 4a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK — <i>SKIP to Check Item T9, page 56</i>
<b>c. Why isn't . . . included in such a plan?</b>  <i>Mark (X) all that apply.</i>	<b>8350</b> 1 <input type="checkbox"/> Chose not to belong <b>8354</b> 2 <input type="checkbox"/> No one in . . . 's type of job can belong <b>8358</b> 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year <b>8362</b> 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date <b>8366</b> 5 <input type="checkbox"/> . . . is too young <b>8370</b> 6 <input type="checkbox"/> . . . has not worked for this employer long enough <b>8374</b> 7 <input type="checkbox"/> Other — <i>Specify</i> <b>8378</b> x1 <input type="checkbox"/> DK	<b>8352</b> 1 <input type="checkbox"/> Chose not to belong <b>8356</b> 2 <input type="checkbox"/> No one in . . . 's type of job can belong <b>8360</b> 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year <b>8364</b> 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date <b>8368</b> 5 <input type="checkbox"/> . . . is too young <b>8372</b> 6 <input type="checkbox"/> . . . has not worked for this employer long enough <b>8376</b> 7 <input type="checkbox"/> Other — <i>Specify</i> <b>8380</b> x1 <input type="checkbox"/> DK
<b>CHECK ITEM T7</b> Is another employer listed?	<b>8382</b> 1 <input type="checkbox"/> Yes — <i>Ask 2a, page 53 for next employer</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T9, page 56</i>	<i>SKIP to Check Item T9, page 56</i>
<b>4a. Is . . . included in more than one retirement or pension plan on this job?</b>	<b>8384</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8386</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>b. Is . . . 's (basic) retirement plan a profit sharing plan?</b>	<b>8388</b> 1 <input type="checkbox"/> Yes — <i>SKIP to 4d</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8390</b> 1 <input type="checkbox"/> Yes — <i>SKIP to 4d</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>c. Are the retirement benefits of . . . 's (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan?</b>  <i>Mark (X) only one.</i>	<b>8392</b> 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan x1 <input type="checkbox"/> DK	<b>8394</b> 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan x1 <input type="checkbox"/> DK
<b>d. Does (Read employer's name) make payments towards . . . 's (basic) plan?</b>	<b>8396</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8398</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

# Section 4 – TOPICAL MODULES (Continued)

## Part B – Retirement and Pension Coverage (Continued)

	Employer 1	Employer 2
<b>4e. Does ... make payments toward ...'s (basic) plan? (Include payments deducted from ...'s pay.)</b>	<b>8400</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 4g	<b>8402</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 4g
<b>f. How much does ... contribute toward ...'s (basic) plan?</b>	<b>8404</b> \$ <input type="text"/> . <input type="text"/> 00  <b>8408</b> PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year  OR <b>8412</b> <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary  OR <b>8416</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8406</b> \$ <input type="text"/> . <input type="text"/> 00  <b>8410</b> PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year  OR <b>8414</b> <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary  OR <b>8418</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>g. How long has ... been included in this (basic) plan? (Include only the years that count toward ...'s retirement benefits.)</b>  (If respondent reports years and months, round to full years)	<b>8420</b> <input type="text"/> <input type="text"/> Years  1 <input type="checkbox"/> Less than 1 year  x1 <input type="checkbox"/> DK	<b>8422</b> <input type="text"/> <input type="text"/> Years  1 <input type="checkbox"/> Less than 1 year  x1 <input type="checkbox"/> DK
<b>h. If ... were to leave (Read employer's name) now or in the next few months, could ... eventually receive some benefits from this plan upon reaching retirement age?</b>	<b>8424</b> 1 <input type="checkbox"/> Yes – SKIP to 4j 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8426</b> 1 <input type="checkbox"/> Yes – SKIP to 4j 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>i. Is that because ... has not been included in the plan enough years?</b>	<b>8428</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8430</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>j. Under this plan, could ...'s retirement benefits from this plan be received in a lump-sum payment? (Do not include lump-sum payments which are entirely refunds of ...'s contributions to the plan.)</b>	<b>8432</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8436</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>k. Does (Read employer's name) offer a salary reduction plan, sometimes called either a 401K or 403B plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on the deferred salary until they retire.</b>	<b>8438</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T8	<b>8440</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T9
<b>l. Does ... participate in this plan?</b>	<b>8442</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8444</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>CHECK ITEM T8</b> Is another employer listed?	<b>8446</b> 1 <input type="checkbox"/> Yes – Ask 2a, page 53 for next employer 2 <input type="checkbox"/> No – Go to Check Item T9	Go to Check Item T9

## Section 4 – TOPICAL MODULES (Continued)

### Part B – RETIREMENT AND PENSION COVERAGE (Continued)

<b>CHECK ITEM T9</b>	<p>Is . . . self employed? (Are any businesses entered in question 1a on page 18 or question 12 a on page 21?)</p>	<p><b>8448</b> 1 <input type="checkbox"/> Yes — Enter names and business I.D. numbers below 2 <input type="checkbox"/> No — SKIP to Check Item T10</p>												
<p>Ask 5 for each business owned.</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of first business</td><td style="width: 50%;">Name of second business</td></tr> <tr> <td style="height: 20px;"></td><td></td></tr> <tr> <td style="height: 20px;"></td><td></td></tr> <tr> <td>Business I.D. Number</td><td>Business I.D. Number</td></tr> <tr> <td><b>8450</b> <input type="text"/></td><td><b>8452</b> <input type="text"/></td></tr> <tr> <td><b>8454</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td><td><b>8456</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td></tr> </table>	Name of first business	Name of second business					Business I.D. Number	Business I.D. Number	<b>8450</b> <input type="text"/>	<b>8452</b> <input type="text"/>	<b>8454</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8456</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
Name of first business	Name of second business													
Business I.D. Number	Business I.D. Number													
<b>8450</b> <input type="text"/>	<b>8452</b> <input type="text"/>													
<b>8454</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8456</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK													
<p><b>5. Not counting Social Security, IRA, or KEOGH accounts, is . . . covered by a pension or retirement plan in (Read name of business)?</b></p>														
<b>CHECK ITEM T10</b>	<p>Refer to CC item 24. Is . . . 40 to 64 years of age?</p>	<p><b>8458</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T12</p>												
<p><b>6a. (Other than the plans we have already talked about) did . . . hold a job in the past from which . . . eventually expects to receive retirement benefits?</b> (Exclude Social Security, Railroad Retirement, and other plans already reported.)</p>		<p><b>8460</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T11</p>												
<p><b>b. Is this pension plan from —</b> (Read categories)  Mark (X) all that apply.</p>		<p><b>8462</b> 1 <input type="checkbox"/> A private employer? <b>8464</b> 2 <input type="checkbox"/> Military? <b>8466</b> 3 <input type="checkbox"/> Federal Government (civilian)? <b>8468</b> 4 <input type="checkbox"/> State or local governments? <b>8470</b> 5 <input type="checkbox"/> A union? <b>8472</b> 6 <input type="checkbox"/> Other — Specify</p>												
<p><b>c. How many years (altogether) did . . . work on (that job/those jobs)?</b></p>		<p><b>8474</b> <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK</p>												
<b>CHECK ITEM T11</b>	<p>Refer to question 1a, page 53. At what age does . . . expect to stop working at a regular job? Which box is marked in 1a, page 53?</p>	<p><b>8476</b> 1 <input type="checkbox"/> No entry marked in 1a 2 <input type="checkbox"/> "Already stopped" marked in 1a 3 <input type="checkbox"/> "Doesn't plan to stop" marked in 1a 4 <input type="checkbox"/> "Age" given in 1a 5 <input type="checkbox"/> "DK" marked in 1a</p> <p style="text-align: right;">} SKIP to Check Item T12 } Ask 7</p>												
<p><b>7. Considering all the retirement plans you have mentioned, including plans with current or past employers and Social Security, how much does . . . EXPECT to receive per year from these plans when . . . retires?</b></p>		<p><b>8478</b> \$ <input type="text"/> . <input type="text"/> 00 — per year x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>												
<b>CHECK ITEM T12</b>	<p>Are codes 30, 31, 32, 33, 34, or 35 marked on the ISS?</p>	<p><b>8480</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T13, page 59</p>												
<p><b>Earlier you said . . . received some retirement income other than Social Security.</b></p>		<p><b>8482</b> 1 <input type="checkbox"/> Retired from job 2 <input type="checkbox"/> Some other reason x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T13, page 59</p>												
<p><b>8a. Did . . . receive these benefits because . . . retired from a job or business or for some other reason?</b></p>														
<p><b>The next few questions refer to the job in the past from which . . . received the retirement income.</b>  (If . . . received a pension from more than 1 source ask about source of largest retirement income.)</p>		<p><b>PGM8</b></p>												
<p><b>b. What kind of business or industry was . . . 's employer?</b>  For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>		<p><b>8484</b> <input style="width: 100%;" type="text"/></p>												

## Section 4 – TOPICAL MODULES (Continued)

### Part B – RETIREMENT AND PENSION COVERAGE (Continued)

ASK OR VERIFY –  
**8c. Was it mainly –**

PGM8

8486

- 1 ☐ Manufacturing?
- 2 ☐ Wholesale trade?
- 3 ☐ Retail trade?
- 4 ☐ Some other kind of business?

**d. What kind of work was . . . doing on that job?**

PGM8

For example: Electrical engineer, stock clerk,  
 typist, farmer.

8488

**e. What were . . . 's main activities or duties?**

PGM8

For example: Types, keeps account books,  
 files, sells cars, operates printing press,  
 finishes concrete.

8490

ASK or VERIFY –

PGM8

**f. Was . . . an employee of –**

8492

- 1 ☐ A private company or union?
- 2 ☐ Federal Government (exclude Armed Forces)?
- 3 ☐ State Government?
- 4 ☐ Local Government?
- 5 ☐ Armed Forces?
- 6 ☐ Unpaid in family business or farm? – SKIP  
 to Check Item T13, page 59

**9a. About how many persons were employed by  
 that employer at the location . . . worked?**

PGM7

8494

- 1 ☐ Under 25
  - 2 ☐ 25 to 99
  - 3 ☐ 100 to 499
  - 4 ☐ 500 to 999
  - 5 ☐ 1,000 or more
  - x1 ☐ DK
- } SKIP to 9d

**b. Did that employer operate in more than  
 one location?**

8496

- 1 ☐ Yes
  - 2 ☐ No
  - x1 ☐ DK
- } SKIP to 9d

**c. About how many persons were employed by  
 that employer at ALL LOCATIONS?**

8498

- 1 ☐ Under 25
- 2 ☐ 25 to 99
- 3 ☐ 100 to 499
- 4 ☐ 500 to 999
- 5 ☐ 1,000 or more
- x1 ☐ DK

**d. How many HOURS a week did . . . usually work  
 at that job?**

8500

– Hours per week  
 x1 ☐ DK

**e. How many WEEKS a year did . . . usually work  
 at that job?**

8502

– Weeks per year  
 (Include paid vacations and sick leave.)  
 x1 ☐ DK

**f. How many YEARS did . . . work at that job?**

8504

– Years  
 x1 ☐ DK



## Section 4 – TOPICAL MODULES (Continued)

### Part B – RETIREMENT AND PENSION COVERAGE (Continued)

9g. In what year did . . . leave that job?

8508

1 9

x1 ☐ DK

h. When . . . left that job, how much was . . . earning (before deductions for taxes or anything else)?

8508

\$ . 00

(If self-employed, show NET business income.)

8510

PER –  
1 ☐ Week  
2 ☐ Month  
3 ☐ Year

OR

8512

x1 ☐ DK  
x2 ☐ Ref. – SKIP to Check Item T13

i. In what year did . . . begin receiving this pension?

8514

1 9

x1 ☐ DK

j. Was the amount of . . . 's (basic) retirement benefits based on . . . 's years of service and pay, or on the amount of . . . 's contributions to the plan?

8516

1 ☐ Based on years of service and pay  
2 ☐ Based on the amount contributed to plan  
x1 ☐ DK

k. Did . . . take reduced benefits in order to elect a survivor option?

8518

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

l. Has . . . 's retirement pension ever been increased for cost-of-living changes?

8520

1 ☐ Yes – SKIP to 9n  
2 ☐ No  
x1 ☐ DK

m. Does . . . 's pension plan include a cost-of-living adjustment provision?

8522

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

ASK OR VERIFY –

8524

n. Is . . . now covered by a health plan provided through . . . 's former employer?

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

NOTES

# Section 4 – TOPICAL MODULES (Continued)

## Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE

**CHECK  
ITEM T13**

Is this the reference  
person's  
questionnaire?

8526

1 ☐ Yes

2 ☐ No – SKIP to Check item M1, page 67

### Statement C

Read to respondent: **These next questions concern housing costs and conditions, energy usage, and automobile ownership.**

**CHECK  
ITEM T14**

Refer to CC item 14.  
Is this housing unit  
a mobile home?

8528

1 ☐ Yes – SKIP to Check Item T18, page 61

2 ☐ No

**CHECK  
ITEM T15**

Refer to CC item 15.  
Tenure

8530

1 ☐ Owned or being bought

2 ☐ Rented for cash – SKIP to 5a

3 ☐ Occupied without cash payment – SKIP to 5b

**1 a. ASK OR VERIFY –  
Which persons in this  
household are the  
owners of this home?**

Person No.

Name

8532

8534

8536

**b. Is this the first home that ...  
has owned?**

8538

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x7 ☐ Not an owner

**c. Is there a mortgage, home  
equity loan, or other debt on  
this home?**

8540

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x2 ☐ Ref. } SKIP to 2a

**d. How many mortgages, home  
equity loans, or other debts  
are there?**

8542

Number

x1 ☐ DK

(Ask questions 1e – 1m for first  
mortgage and then return to 1e for  
the second mortgage or loan.)

**e. How much are the required  
payments to the lender on  
this mortgage?**

First mortgage

Second mortgage or loan

8544

\$  . 00

8546

\$  . 00

PER

8548

1 ☐ Month

2 ☐ Year

3 ☐ Other

OR

8552

x1 ☐ DK

x2 ☐ Ref. – SKIP  
to 1g

PER

8550

1 ☐ Month

2 ☐ Year

3 ☐ Other

OR

8554

x1 ☐ DK

x2 ☐ Ref. – SKIP  
to 1g

**f. Do the required payments  
include –**

8556

1 ☐ Yes

2 ☐ No

x1 ☐ DK

(1) real estate taxes on property?

8558

1 ☐ Yes

2 ☐ No

x1 ☐ DK

(2) fire hazard insurance?

8560

1 ☐ Yes

2 ☐ No

x1 ☐ DK

8562

1 ☐ Yes

2 ☐ No

x1 ☐ DK

**g. How much principal is currently  
owed on this mortgage (debt)?  
(If possible, please check any  
records you may have from the  
lender or mortgage company to  
obtain the most accurate  
estimate available.)**

8564

\$  . 00 – SKIP  
to 1k

x1 ☐ DK

x2 ☐ Ref.

8566

\$  . 00 – SKIP  
to 1k

x1 ☐ DK

x2 ☐ Ref.

**h. In what year was this mortgage  
(loan) obtained?**

(If mortgage was assumed,  
give the original date of the  
mortgage.)

8568

1 9 Year

x1 ☐ DK

8570

1 9 Year

x1 ☐ DK

## Section 4 — TOPICAL MODULES (Continued)

### Part C — HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

	First mortgage	Second loan or mortgage
<b>1i. What was the amount of the mortgage (loan) when it was obtained or last refinanced? (If mortgage was assumed, give the original amount of the mortgage.)</b>	<b>8572</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to 2a	<b>8574</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to 2a
<b>j. What is the total number of years over which payments are to be made?</b>	<b>8576</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK	<b>8578</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK
<b>k. What is the current annual interest rate on this mortgage (loan)?</b>	<b>8580</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8582</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>l. Is the interest rate variable, that is, can the rate change over the term of the mortgage (loan)?</b>	<b>8584</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8586</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>m. Was this mortgage obtained through a State or local program that provides lower cost mortgages? (Exclude Federal programs, such as FHA and VA.)</b>	<b>8588</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8590</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>CHECK ITEM T16</b> Is there another loan or mortgage?	<b>8592</b> 1 <input type="checkbox"/> Yes — Go to 1e 2 <input type="checkbox"/> No — SKIP to 2a	Go to Check Item T17
<b>CHECK ITEM T17</b> Refer to 1d, page 59. Are there 3 or more mortgages or loans on this home?	<b>8594</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a	
<b>1n. How much principal is currently owed on all the remaining mortgages or loans not reported previously?</b>	<b>8596</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<b>2a. What is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale?</b>	<b>8598</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<b>b. In what year was this home purchased (inherited/built by owner)?</b>	<b>8600</b> 1 <input style="width: 20px;" type="text"/> 9 <input style="width: 20px;" type="text"/> Year x1 <input type="checkbox"/> DK	
<b>ASK OR VERIFY —</b> <b>c. In what year was this house (building) originally built?</b> (Mark when the building was first constructed, not when it was remodeled, added to, or converted.)	<b>8602</b> 1 <input style="width: 20px;" type="text"/> 9 <input style="width: 20px;" type="text"/> Year x1 <input type="checkbox"/> DK	
<b>d. What was the purchase price of this home, excluding closing costs and taxes?</b>	<b>8604</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to 6a	
<b>e. What was the amount of property taxes paid on this property last year?</b>	<b>8606</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	SKIP to 6a

# Section 4 – TOPICAL MODULES (Continued)

## Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

**CHECK  
ITEM T18**

Refer to CC item 15.  
Tenure of mobile home

8608

- 1 ☐ Owned  
2 ☐ Rented — SKIP to 5a  
3 ☐ Occupied without cash rent — SKIP to 5b

**3a. Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?**

8610

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref } SKIP to 3f

**b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?**

8612

- 1 ☐ Mobile home only  
2 ☐ Site only  
3 ☐ Site and home

**c. How much are the required payments to the lender for this (these) mortgage(s)?**

(Include total payment for all mortgage loans.)

8614

\$  .  00

PER

8616

- 1 ☐ Month  
2 ☐ Year  
3 ☐ Other

OR

8618

- x1 ☐ DK  
x2 ☐ Ref. — SKIP to 3e

**d. Do the required payments include —**

(1) Real estate taxes on property?

8620

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2) Fire and hazard insurance?

8622

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**e. How much principal is currently owed on this (these) mortgage(s)?**

(If respondent answers "DK," probe for an estimate before marking "DK" box.)

8624

\$  .  00

- x1 ☐ DK  
x2 ☐ Ref.

ASK OR VERIFY —

**f. Is this SITE rented for cash?**

8626

- 1 ☐ Yes  
2 ☐ No — SKIP to 4a

**g. What is the monthly rent for this SITE?**

8628

\$  .  00

- x1 ☐ DK  
x2 ☐ Ref.

**4a. How much do you think this mobile home (and SITE) would sell for today if it were for sale?**

(If respondent answers "DK," probe for an estimate before marking "DK" box.)

8630

\$  .  00 — SKIP to 6b

- x1 ☐ DK  
x2 ☐ Ref.

**b. What year was this mobile home built?**

8632

1  9

- x1 ☐ DK

**c. What is the length of this mobile home in feet?**

8634

Feet

- x1 ☐ DK

**d. When . . . acquired this mobile home (trailer), what was the purchase price? Do not include the price of the site or closing costs.**

8636

\$  .  00

- x1 ☐ DK  
x2 ☐ Ref.  
x7 ☐ Not an owner

} SKIP to 6b

**5a. What is the monthly rent for this unit?**

(For mobile homes, include total rental payment(s) for home and site.)

8638

\$  .  00

- x1 ☐ DK

**b. For how long has (Name of reference person) lived in this (apartment/house/mobile home)?**

8640

Years

- 1 ☐ Less than one year  
x1 ☐ DK

**CHECK  
ITEM T19**

Is this unit a mobile home?

8642

- 1 ☐ Yes — SKIP to 6b  
2 ☐ No

## Section 4 – TOPICAL MODULES (Continued)

### Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

ASK OR VERIFY –

**6a. Is this (apartment/house) part of a condominium or cooperative?**

**8644** 1 ☐ Yes  
2 ☐ No

**b. Do you (the people living here) pay separately (in addition to rent) for –**

If "Yes" to 6b ask –  
**6c. In the past 12 months, what was the average MONTHLY cost for –**

**(1) Electricity?**

**8646** 1 ☐ Yes  
2 ☐ No

**8648 Electricity?** \$  .  00  
x1 ☐ DK

**(2) Natural or bottled gas?**

**8650** 1 ☐ Yes  
2 ☐ No

**8652 Natural or bottled gas?** \$  .  00  
x1 ☐ DK

**(3) Heating oil, coal, kerosene, wood, or any other fuel?**

**8654** 1 ☐ Yes  
2 ☐ No

**8656 Oil, coal, kerosene, wood, and any other fuel?** \$  .  00  
x1 ☐ DK

**CHECK ITEM 20**

Refer to CC items 16a and 16b –  
Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?

**8658** 1 ☐ In a public housing project – SKIP to 9a  
2 ☐ Subsidized – SKIP to 9a  
3 ☐ Neither public nor subsidized

**7a. Do you or anyone in this household own any (other) real estate, such as a vacation home or undeveloped lot? Exclude rental property previously reported.**

**8660** 1 ☐ Yes  
2 ☐ No } SKIP to Check Item T21  
x1 ☐ DK

**b. Which persons in this household are the owners of this (these) property(ies)?**

Person No. Name

**8662**      
**8664**

**c. What is the total value of (Read persons names) equity in this (these) property(ies)? (By equity we mean the amount that could be obtained by selling the property and paying off any debts.)**

Count only share owned by household members.

**8666** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**CHECK ITEM T21**

Refer to CC item 15.  
Is this unit owner occupied?

**8668** 1 ☐ Yes – SKIP to 10a  
2 ☐ No

**CHECK ITEM T22**

Is one or more of the following marked on the ISS for . . . – code 3 (SSI), codes 20–27 (welfare programs) or code 173 (Medicaid)?

**8670** 1 ☐ Yes  
2 ☐ No – SKIP to 10a

**8a. Is (Name of reference person) on a waiting list for public or subsidized housing?**

**8672** 1 ☐ Yes – SKIP to 10a  
2 ☐ No

**b. Has (Name of reference person) applied for public or subsidized housing during the past 5 years?**

**8674** 1 ☐ Yes  
2 ☐ No } SKIP to 10a  
x1 ☐ DK

**9a. Has (Name of reference person) received housing assistance for the entire period that he/she has lived at this address?**

**8676** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**b. Do you (the people living here) have to report your income to a local government agency or housing authority every year so that they can figure out your rent?**

**8678** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

## Section 4 – TOPICAL MODULES (Continued)

### Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

**10a. Altogether, how many rooms do you have in this house (apartment)?**

(Count bedrooms, living rooms, kitchens, and family rooms. Do not count bathrooms, porches, balconies, foyers, halls, or halfrooms.)

**8680**

 

Number of rooms

- x1 ☐ DK  
x2 ☐ Ref.

**b. How many stories (floors) are in this house (building)?**

(Count an attic or basement as a story if it has any finished rooms for living purposes.)

**8682**

 

Number of stories

- x1 ☐ DK  
x2 ☐ Ref.

**c. What is the main fuel used for HEATING your home?**

Mark (X) the ONE used most.

**8684**

- 1 ☐ Gas from underground pipes serving the neighborhood  
2 ☐ Bottled, tank, or LP gas  
3 ☐ Fuel oil  
4 ☐ Kerosene or coal oil  
5 ☐ Electricity  
6 ☐ Coal or coke  
7 ☐ Wood  
8 ☐ Solar heat  
9 ☐ Other fuel  
10 ☐ No fuel used  
x1 ☐ DK

**d. Which fuel is used MOST for HEATING WATER (other than just cooking purposes)?**

Mark (X) the ONE used most.

**8686**

- 1 ☐ Gas from underground pipes serving the neighborhood  
2 ☐ Bottled, tank, or LP gas  
3 ☐ Fuel oil  
4 ☐ Kerosene or coal oil  
5 ☐ Electricity  
6 ☐ Coal or coke  
7 ☐ Wood  
8 ☐ Solar collectors  
9 ☐ Other fuel  
10 ☐ No fuel used  
x1 ☐ DK

**e. Thinking of all the different kinds of cooking done here, including cooking in the oven, on a range, and with small appliances, which fuel is used most?**

**8688**

- 1 ☐ Gas from underground pipes serving the neighborhood  
2 ☐ Bottled, tank, or LP gas  
3 ☐ Fuel oil  
4 ☐ Kerosene or coal oil  
5 ☐ Electricity  
6 ☐ Coal or coke  
7 ☐ Wood  
8 ☐ Other — Specify \_\_\_\_\_  
9 ☐ No cooking done

**f. Do you have air-conditioning equipment, either a central system or individual window or wall units?**

**8690**

- 1 ☐ Yes  
2 ☐ No — SKIP to 11

**g. Do you have a central system?**

**8692**

- 1 ☐ Yes — SKIP to 11  
2 ☐ No

**h. How many room or wall units do you have?**

**8694**

Room units

- x1 ☐ DK

## Section 4 – TOPICAL MODULES (Continued)

### Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

**11. Please tell me which of these you USE here in your (house/apartment)?**

**(1) Range (stove-top or burners)** 8696 1 ☐ Yes  
2 ☐ No

**(2) Oven (do not count toaster ovens)** 8698 1 ☐ Yes  
2 ☐ No

**(3) Refrigerator** 8700 1 ☐ Yes  
2 ☐ No

**(4) Freezer (separate appliance from the refrigerator)** 8702 1 ☐ Yes  
2 ☐ No

**(5) Clothes washer** 8704 1 ☐ Yes  
2 ☐ No

**(6) Clothes dryer** 8706 1 ☐ Yes  
2 ☐ No

**(7) Dishwasher** 8708 1 ☐ Yes  
2 ☐ No

**(8) Black and white television sets** 8710 1 ☐ Yes  
2 ☐ No

**(9) Color television set** 8712 1 ☐ Yes  
2 ☐ No

**12a. Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?**

8714 1 ☐ Yes  
2 ☐ No – SKIP to 13a

**b. How many cars, trucks, or vans are owned by members of this household?**

8716       Number of motor vehicles

*(Ask items 12c–12f for vehicle 1 and then return to 12c for additional vehicles.)*

**c. Who is (are) the owner(s) of the (newest, next newest) motor vehicle?**

Vehicle 1

Person number  
8718           
Name  
\_\_\_\_\_

Vehicle 2

Person number  
8720           
Name  
\_\_\_\_\_

Vehicle 3

Person number  
8722           
Name  
\_\_\_\_\_

Person number  
8724           
Name  
\_\_\_\_\_

Person number  
8726           
Name  
\_\_\_\_\_

Person number  
8728           
Name  
\_\_\_\_\_

**d. What is the year, make, and model of this vehicle?**

8730 1 9        
x1 ☐ DK  
Make  
\_\_\_\_\_  
8736 x1 ☐ DK  
Model  
\_\_\_\_\_  
8742 x1 ☐ DK

8732 1 9        
x1 ☐ DK  
Make  
\_\_\_\_\_  
8738 x1 ☐ DK  
Model  
\_\_\_\_\_  
8744 x1 ☐ DK

8734 1 9        
x1 ☐ DK  
Make  
\_\_\_\_\_  
8740 x1 ☐ DK  
Model  
\_\_\_\_\_  
8746 x1 ☐ DK

**OFFICE USE ONLY**

**OFFICE USE ONLY**

**OFFICE USE ONLY**

8748            

8750            

8752

# Section 4 — TOPICAL MODULES (Continued)

## Part C — HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

<b>12b.</b> Is this vehicle owned free and clear, or is there still money owed on it?	Vehicle 1	Vehicle 2	Vehicle 3
	<b>8754</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T23 x1 <input type="checkbox"/> DK	<b>8756</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T23 x1 <input type="checkbox"/> DK	<b>8758</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to 13a x1 <input type="checkbox"/> DK
<b>f.</b> How much is currently owed for this vehicle? (If respondent answers "DK," probe for estimate before marking "DK" box.)	<b>8760</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8762</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8764</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	<b>CHECK ITEM T23</b> Is there another vehicle which has not been asked about? <b>8766</b> 1 <input type="checkbox"/> Yes — Ask 12c for next vehicle 2 <input type="checkbox"/> No — Go to 13a		
<b>13a.</b> Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle? Mark (X) all that apply. <b>8770</b> 1 <input type="checkbox"/> Motorcycle <b>8772</b> 2 <input type="checkbox"/> Boat <b>8774</b> 3 <input type="checkbox"/> Recreational vehicle (RV) <b>8776</b> 4 <input type="checkbox"/> Other — Specify _____ <b>8778</b> 5 <input type="checkbox"/> No — SKIP to Check Item P1, page 66			
<b>b.</b> Who is (are) the owner(s) of the (first/second) (Read category marked in 13a)?	Vehicle 1		Vehicle 2
	<b>8780</b> Person number <input type="text"/> <input type="text"/> <input type="text"/> Name <input type="text"/> <b>8784</b> Person number <input type="text"/> <input type="text"/> <input type="text"/> Name <input type="text"/>		<b>8782</b> Person number <input type="text"/> <input type="text"/> <input type="text"/> Name <input type="text"/> <b>8786</b> Person number <input type="text"/> <input type="text"/> <input type="text"/> Name <input type="text"/>
<b>c.</b> If this vehicle were sold, what would it sell for in its present condition? (If respondent answers "DK," probe for estimate before marking "DK" box.)	<b>8788</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item T24		<b>8790</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item P1, page 66
	<b>d.</b> Is this vehicle owned free and clear, or is there still money owed on it? <b>8792</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T24 x1 <input type="checkbox"/> DK		<b>8794</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item P1, page 66 x1 <input type="checkbox"/> DK
<b>e.</b> How much is currently owed for this vehicle? (If respondent answers "DK," probe for estimate before marking "DK" box.)	<b>8796</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		<b>8798</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	<b>CHECK ITEM T24</b> Are there any other vehicles which have not been asked about? <b>8800</b> 1 <input type="checkbox"/> Yes — Ask 13b for next vehicle 2 <input type="checkbox"/> No — Go to Check Item P1, page 66		Go to Check Item P1, page 66

NOTES